

# Your Responsibility as an Enrollee



## GIC Enrollees **MUST** Notify The GIC When Their Personal Information Changes

Failure to provide timely notification of personal information changes may affect your insurance coverage and may result in your being billed for health care services provided to you or a family member. Please write to the GIC if any of the following changes occur:

- Marriage
- Legal separation
- Divorce
- Address change
- Remarriage of an insured
- Remarriage of a former spouse
- Dependent turning age 19
- Marriage of a covered dependent
- Student dependent 19 and over graduating, withdrawing from school, and changing from full-time to part time status
- Death of an insured
- Death of a covered spouse, dependent or beneficiary
- Life insurance beneficiary change
- Birth or adoption of a child
- Legal guardianship of a child

You may have personal financial responsibility associated with the lack of timely notification.



## GIC Q&A

**Q** *I'm turning age 65; what do I need to do?*

**A** If you are age 65 or over, call or visit your local Social Security Office for confirmation of Social Security and Medicare benefit eligibility. If eligible and if you are retired, you must enroll in Medicare Parts A and B to continue coverage with the GIC. See the Medicare section of this guide for your health plan options.

Most enrollees should not sign up for Medicare Part D. See page 5 for more information.

**Q** *I'm retired, but not age 65. My spouse is turning age 65; what should my spouse do?*

**A** Your spouse should call or visit your local Social Security Office for confirmation of Social Security and Medicare benefit eligibility. If eligible, he/she must enroll in Medicare Parts A and B to continue coverage with the GIC. See the under/over age 65 section on page 15 for health plan combination options.

**Q** *If I die, is my surviving spouse eligible for GIC health insurance?*

**A** If you (the state retiree) have coverage through the GIC at the time of your death and if you and your spouse are not divorced or legally separated, your surviving spouse is eligible to continue his/her GIC health insurance coverage until he/she remarries or dies. Your surviving spouse must apply for survivor spouse coverage, as it is not an automatic benefit. To apply, your surviving spouse must contact the GIC. Upon approval, the GIC will directly bill your surviving spouse for his/her share of the health insurance premium.

**See the GIC's website for answers to other frequently asked questions:**  
[www.mass.gov/gic](http://www.mass.gov/gic)

## Changing How We Choose and Use Health Care

Three years ago the GIC embarked on a program called the Clinical Performance Improvement (CPI) Initiative to address the wide disparity in physician and hospital performance as well as an alarming rise in health care costs. We have gathered information about health providers to quantify differences in care. The data analysis was provided to our health plans to develop benefit plans that reward you, through modest co-pay differentials, for choosing quality, cost-effective care. The goal is to increase transparency in health care's cost and quality so that you can become more knowledgeable when making health care decisions.

Some employers have tried to address the rising cost of health care by moving to high deductible plans, where employees must pay the first \$1,000 to \$2,000 of their care. Other employers have discontinued or drastically reduced coverage, particularly for retirees, and certain others are charging smokers more for their coverage. The GIC's CPI Initiative offers an alternative to these measures that will help to preserve comprehensive benefit levels and choice, while improving health care quality and cost efficiency.

In keeping with our CPI Initiative, over the last two years, we have introduced new Non-Medicare Select & Save plans and enhanced existing plans. Many of these programs include selective networks or tiered hospital networks that highlight quality, cost-effective clinicians and facilities.

## Non-Medicare Select & Save Plan Changes This Year

This year, we are expanding our Non-Medicare programs to include more information about the quality and cost of physicians. The Select & Save program encourages members to seek out physicians who are mindful of treatment quality and cost. Each plan put together its own benefit design consistent with the CPI Initiative. Some plans tiered co-pays for primary care physicians, others tiered co-pays for specialists. Members retain access to all of the providers in our health plans' networks.

*An overview of each Non-Medicare Select & Save plan follows. The new Select & Save benefits-at-a-glance chart on pages 22-23 helps you compare co-pay tiers by plan. For detailed information about how the plans have tiered providers, and which providers are in which tier, contact the health plans.*

## Non-Medicare Select & Save Co-Pay Tiering Changes



**See pages 4-5 for other benefit changes.**

### Commonwealth Indemnity Plan Community Choice

Unicare, the medical benefits administrator of this plan, will be tiering all physicians. Members will pay lower co-pays if they seek care from more efficient and higher quality providers.

- Physician office visit co-pay: \$10 tier 1, \$20 tier 2

### Commonwealth Indemnity Plan PLUS

Unicare, the medical benefits administrator of this plan, will be tiering all physicians. Members will pay lower co-pays if they seek care from more efficient and higher quality providers.

- Physician office visit co-pay: \$10 tier 1, \$20 tier 2

### Fallon Community Health Plan Select Care

Fallon Community Health Plan is establishing a two-tier Primary Care Physician (PCP) network for the Select Care plan. Members who seek care from preferred tier PCPs (called Value Plus) will pay a lower co-pay than members seeking care from a non-preferred tier PCP (called Value). Additionally, the tier of your PCP will affect co-payments for other services as listed below.

- Primary care physician visit co-pay: \$15 Value Plus, \$20 Value
- Pediatric wellness visit co-pay: \$5 Value Plus, \$10 Value
- Specialist visit co-pay: \$20 Value Plus, \$25 Value
- Outpatient surgery co-pay (maximum 4 per year): \$100 Value Plus, \$125 Value
- Inpatient hospital care co-pay (maximum 4 per year): \$250 Value Plus, \$300 Value

### Harvard Pilgrim Health Care

This Point of Service (POS) plan will change to a Preferred Provider (PPO) plan, which does not require selection of a primary care physician (PCP) or referrals to see a specialist. *If you are a current member of the Harvard Pilgrim Health Care POS Plan, you will automatically be enrolled in this new plan unless you make a change during annual enrollment.*

The new plan, called the Harvard Pilgrim Independence Plan, will institute a two-tier network for five physician specialties. These specialists will be tiered based on the cost effectiveness of their

# Benefit Changes Effective July 1, 2006

## Harvard Pilgrim Independence Plan (*continued*)

practices. Members seeing a preferred specialist will pay a lower co-pay than for non-preferred specialists and other specialists who are not subject to tiering.

- Specialist visit co-pay (Dermatology, Orthopedics, Gastroenterology, General Surgery, and Cardiology): \$15 tier 1, \$25 tier 2
- Specialist visit co-pay (all other specialties): \$25

## Health New England

Health New England will implement a three-tier Primary Care Physician (PCP) network. Family Practice/Internal Medicine and Pediatricians will be tiered based on the cost effectiveness of their practice.

- Primary care physician and pediatric office visit co-pay: \$10 tier 1, \$15 tier 2, \$25 tier 3

## Navigator by Tufts Health Plan

Tufts Health Plan will institute a two-tiered network for surgical specialists. Members will pay a lower co-pay for using a surgical specialist whose primary affiliation is with a tier 1 hospital. Members will pay a higher co-pay for surgical specialists whose primary affiliation is with a tier 2 or tier 3 hospital and for other specialists who are not subject to tiering.

- Specialist surgeon office visit co-pay (General Surgeon, Hand, Orthopedic, Neurology, Thoracic, General Vascular, Plastic and Reconstructive, Colon and Rectal, and Urology): \$15 tier 1 hospital affiliation, \$25 tier 2 and tier 3
- Specialist visit co-pay (other specialists): \$25

## Neighborhood Health Plan

Neighborhood Health Plan will offer two plans; its current HMO, renamed NHP Care, and a new Select & Save Plan called NHP Community Care. This new plan has a selective network with primary care based at NHP's 49 Community Health Centers and 14 Harvard Vanguard Medical Associates sites.

## NHP Community Care (*See pages 23 & 27 for other details.*)

- Physician office visit co-pay: \$10
- Inpatient hospital care admission co-pay: \$200
- Outpatient surgery co-pay: \$75
- Prescription drug retail generic/brand/non-preferred brand co-pays: \$7/\$20/\$40
- Prescription drug mail order generic/brand/non-preferred brand co-pays: \$14/\$40/\$120

## Other Non-Medicare Health Plan Benefit Changes

### All Non-Medicare Health Plans

- Elimination of physician office visit co-pay cap of 15 co-pays per person per calendar year

## Non-Medicare Fallon Community Health Plans, Health New England and NHP Care

- Elimination of mental health/substance abuse office visit co-pay cap of 15 co-pays per person per calendar year

## Commonwealth Indemnity Plan Basic

- Early intervention services improved: \$5,200 per child per year up to \$15,600 lifetime maximum
- In-network skilled nursing facility services: 80% coverage up to a maximum of 45 days
- Outpatient surgery co-pay: \$75 per occurrence
- Non-preferred brand name drug mail order co-pay: \$90
- Mental health in-network outpatient care co-pay: \$15 for all visits
- Employee Assistance Program: No co-pay for first three visits; thereafter, use mental health benefit
- Mental health medication management visit co-pay: \$10

## Commonwealth Indemnity Plan Community Choice

- Early intervention services improved: \$5,200 per child per year up to \$15,600 lifetime maximum
- In-network skilled nursing facility services: 80% coverage up to a maximum of 45 days
- Non-preferred brand name drug mail order co-pay: \$90
- Mental health in-network outpatient care co-pay: \$15 for all visits
- Employee Assistance Program: No co-pay for first three visits; thereafter, use mental health benefit
- Mental health medication management visit co-pay: \$10

## Commonwealth Indemnity Plan PLUS

- Early intervention services improved: \$5,200 per child per year up to \$15,600 lifetime maximum
- In-network skilled nursing facility services: 80% coverage up to a maximum of 45 days
- Non-preferred brand name drug mail order co-pay: \$90
- Mental health in-network outpatient care co-pay: \$15 for all visits
- Employee Assistance Program: No co-pay for first three visits; thereafter, use mental health benefit
- Mental health medication management visit co-pay: \$10

## Fallon Community Health Plan Direct Care

- Outpatient surgery co-pay: \$75

# Benefit Changes Effective July 1, 2006

## Harvard Pilgrim Independence Plan

- Inpatient hospital care and outpatient surgery co-pay maximums: 4 of each per person per calendar year
- Tier 3 prescription drug mail order co-pay: \$90
- In-network outpatient mental health/substance abuse care visit co-pay: \$15 all visits
- In-network mental health/substance abuse medication management visit co-pay: \$10
- Early intervention services enhanced: \$5,200 per child per year up to \$15,600 lifetime maximum
- In-network skilled nursing facility services: 80% coverage up to a maximum of 45 days

## Health New England

- Inpatient hospital care co-pay: \$200 per admission
- CT scans, MRIs, MRAs and PET scans co-pay: \$50

## Navigator by Tufts Health Plan

- Pediatric hospital inpatient admission co-pay: \$200 tier 1, \$400 tier 2
- Inpatient hospital care and outpatient surgery co-pay maximums: 4 of each per person per calendar year
- Tier 3 prescription drug retail/mail order co-pays: \$40/\$90
- Early intervention services enhanced: \$5,200 per child per year up to \$15,600 lifetime maximum
- In-network skilled nursing facility services: 80% coverage up to a maximum of 45 days
- Mental health in-network outpatient care co-pay: \$15 for all visits
- Employee Assistance Program: No co-pay for first three visits; thereafter, use mental health benefit
- Mental health medication management visit co-pay: \$10

## NHP Care (formerly called Neighborhood Health Plan)

- Physician office visit co-pay: \$20
- Emergency room visit co-pay: \$75 (waived if admitted)
- Inpatient hospital care admission co-pay: \$300
- Outpatient surgery co-pay: \$100
- Brand name prescription drug retail/mail order co-pays: \$25/\$50
- Non-preferred brand prescription drug retail/mail order co-pays: \$45/\$135

## Medicare Health Plan Benefit Changes

### Commonwealth Indemnity Plan Medicare Extension (OME)

- Non-preferred brand name drug mail order co-pay: \$90

## Other Benefit Changes

### Life Insurance

The GIC has selected The Hartford as its new life insurance carrier effective July 1, 2006. Life insurance changes effective July 1, 2006:

- Life and Accidental Death and Dismemberment benefits will be enhanced to cover acts of war and terror.
- Optional life insurance rates will decrease (see page 8).
- The UnumProvident LifeBalance Program will be replaced by The Hartford's Beneficiary Assist Program, which provides counseling, legal, and financial assistance via telephone and in person after the death of a family member.



## Medicare Part D Prescription Drug Reminders and Warnings

For most GIC Medicare enrollees, the drug coverage you currently have through your GIC health plan is a better value than the Medicare drug plans being offered. Therefore, you should not enroll in a Medicare drug plan.

- A "Creditable Coverage Notice" will be in your plan handbooks effective July 1, 2006. This notice is also available on our website. It provides proof that you have comparable or better coverage than Medicare Part D. If you should later enroll in a Medicare drug plan because of changed circumstances, you must show this notice to the Social Security Administration to avoid paying a penalty. Keep this notice with your important papers.
- If you are a member of one of our Medicare Advantage plans (Fallon Senior Plan, Harvard Pilgrim First Seniority and Tufts Medicare Preferred), your plan automatically includes Medicare Part D coverage. If you enroll in another Medicare Part D drug plan, the Centers for Medicare and Medicaid Services will automatically disenroll you from your GIC Medicare Advantage health plan, which includes both your medical and your drug coverage.
- If you have limited income and assets, the Social Security Administration offers help paying for Medicare prescription drug coverage and this may be the one case where signing up for a Medicare Part D plan may work for you. Help is available online at [www.ssa.gov](http://www.ssa.gov) or by phone at 1.800.772.1213.



# Medicare Health Plan Rates

## Monthly GIC Plan Rates as of July 1, 2006

	Medicare Retirees Retired on or before July 1, 1994 and SURVIVORS <sup>1, 2</sup>	Medicare Retirees Retired after July 1, 1994
	10%	15%
<b>BASIC LIFE INSURANCE ONLY</b> \$5,000 coverage	\$0.69	\$1.03
<b>HEALTH CARE PLAN PREMIUM</b> (Including Basic Life Insurance)	PER PERSON	PER PERSON
<b>Commonwealth Indemnity Plan Medicare Extension (OME) with CIC</b> (Comprehensive)	\$44.41	\$61.57
<b>Commonwealth Indemnity Plan Medicare Extension (OME) without CIC</b> (Non-Comprehensive)	34.34	51.50
<b>Fallon Senior Plan Preferred<sup>3</sup></b>	16.02	24.02
<b>Harvard Pilgrim Health Care First Seniority<sup>3</sup></b>	19.33	28.98
<b>Health New England MedRate</b>	39.36	59.03
<b>Tufts Health Plan</b>		
Medicare Complement	33.96	50.93
Medicare Preferred <sup>3</sup>	15.58	23.36

<sup>1</sup> Survivors not eligible for life insurance. For monthly health insurance premium cost, deduct \$0.69 from monthly Retiree Pays premium.


















<sup>2</sup> Elderly Governmental Retirees (EGRs) – call the GIC for monthly rates.

<sup>3</sup> Benefits and rates are subject to change January 1, 2007.

You must make your annual enrollment decisions based on current contribution percentages, knowing that these could change after the Commonwealth's annual budget is finalized.  
For other plan considerations, see page 12.

# Non-Medicare Health Plan Rates

## Monthly GIC Plan Rates as of July 1, 2006

	Non-Medicare Retirees Retired on or before July 1, 1994 and SURVIVORS <sup>1, 2</sup>		Non-Medicare Retirees Retired after July 1, 1994	
	10%		15%	
<b>BASIC LIFE INSURANCE ONLY</b> \$5,000 coverage	\$0.69		\$1.03	
<b>HEALTH CARE PLAN PREMIUM</b> (Including Basic Life Insurance)	RETIREE PAYS		RETIREE PAYS	
	INDIVIDUAL COVERAGE	FAMILY COVERAGE	INDIVIDUAL COVERAGE	FAMILY COVERAGE
 <b>Commonwealth Indemnity Plan</b> Basic with CIC (Comprehensive)	\$94.83	\$220.05	\$127.00	\$294.74
<b>Commonwealth Indemnity Plan Basic</b> without CIC (Non-Comprehensive)	64.37	149.39	96.54	224.08
  <b>Commonwealth Indemnity Plan</b> Community Choice	31.98	75.73	47.96	113.59
  <b>Commonwealth Indemnity</b> Plan PLUS	45.88	108.47	68.81	162.71
  <b>Fallon Community Health Plan</b> Direct Care	35.17	83.39	52.75	125.08
  <b>Fallon Community Health Plan</b> Select Care	41.38	97.23	62.07	145.84
  <b>Harvard Pilgrim Independence Plan</b>	45.74	109.59	68.60	164.38
  <b>Health New England</b>	36.90	90.42	55.35	135.62
  <b>Navigator by Tufts Health Plan</b>	45.69	109.90	68.53	164.85
<b>NHP Care</b>	37.12	97.17	55.67	145.74
  <b>NHP Community Care</b>	33.91	88.66	50.86	132.99

<sup>1</sup> Survivors not eligible for life insurance. For monthly health insurance premium cost, deduct \$0.69 from monthly Retiree Pays premium.

<sup>2</sup> Elderly Governmental Retirees (EGRs) – call the GIC for monthly rates.

You must make your annual enrollment decisions based on current contribution percentages, knowing that these could change after the Commonwealth's annual budget is finalized.  
For other plan considerations, see page 12.

## Monthly GIC Plan Rates *as of July 1, 2006*

### GIC RETIREE DENTAL PLAN RATES

\$850 Maximum Annual Benefit per Member	
COVERAGE TYPE	MONTHLY PREMIUM
SINGLE	\$27.13
FAMILY	\$64.69

### RETIREE OPTIONAL LIFE INSURANCE RATES

*Including Accidental Death and Dismemberment*

RETIRED EMPLOYEE AGE	SMOKER RATE	NON-SMOKER RATE
	<i>Per \$1,000 of Coverage</i>	<i>Per \$1,000 of Coverage</i>
Under Age 70	\$ 1.63	\$ 1.21
70 – 74	3.04	2.33
75 – 79	7.61	5.82
80 – 84	14.36	10.97
85 – 89	22.74	17.37
90 – 94	32.61	26.40
95 – 99	71.23	57.64
Ages 100 and over	136.57	110.51

## Monthly GIC Plan Rates *as of July 1, 2006*

### BASIC LIFE INSURANCE

CITY/TOWN/SCHOOL DISTRICT (SD)			RMT Pays
<b>BASIC LIFE: \$1,000 Coverage</b>			\$0.90
Andover	Orange		
Blackstone Valley Regional SD	Paxton		
Bridgewater	Pelham		
Gloucester	Pioneer Valley Regional SD		
Granby	Plainville		
Hampden-Wilbraham Regional SD	Salisbury		
Narragansett Regional SD	Wilbraham		
Newbury			
<b>BASIC LIFE: \$2,000 Coverage</b>			\$0.90
Amherst	Martha's Vineyard Regional SD	Shawsheen Valley Regional SD	
Amherst-Pelham Regional SD	Milton	Stoughton	
Barnstable	Monson	Upper Cape Cod Regional SD	
Blue Hills Regional SD	North Andover	Ware	
Cohasset	Quabbin Regional SD	W. Springfield	
Dennis	Rehoboth	Whitman-Hanson SD	
Lawrence	Rockland	Winthrop	
<b>BASIC LIFE: \$3,000 Coverage</b>			\$1.35
Weymouth			
<b>BASIC LIFE: \$4,000 Coverage</b>			\$1.80
Rockport			
<b>BASIC LIFE: \$5,000 Coverage</b>			\$2.25
Amesbury	Hingham	Revere	
Berkshire Hills Regional SD	Holbrook	Rutland	
Berlin-Boylston Regional SD	Holyoke	Salem	
Billerica	Hudson	Saugus	
Bourne	Medford	Spencer	
Dedham	Millis	Stoneham	
Eastham	Montague	Wareham	
Everett	North Adams	Watertown	
Franklin	North Attleboro	W. Bridgewater	
Gill-Montague Regional SD	N. Middlesex Regional SD	Westfield	
Greater Lawrence Regional SD	Norwell	Woburn	
Harvard	Randolph		
<b>BASIC LIFE: \$10,000 Coverage</b>			\$4.50
Braintree			
<b>BASIC LIFE: \$15,000 Coverage</b>			\$6.75
Spencer-E. Brookfield Regional SD			





## How to calculate your Monthly Premium as of July 1, 2006

- 1 Find the city, town or the school district from which you retired on the life insurance rate chart on page 9.
- 2 Locate your “RMT Pays” rate for life insurance.
- 3 Add that amount to the RMT Pays premium below for the health plan you are interested in to determine your monthly health and life insurance premium.

### MEDICARE PLANS<sup>1</sup>

Retired Municipal Teachers (RMTs)	
10%	
PER PERSON COVERAGE	
HEALTH PLAN COSTS	RMT PAYS
Commonwealth Indemnity Plan Medicare Extension (OME) <i>with</i> CIC (Comprehensive)	\$52.76
Commonwealth Indemnity Plan Medicare Extension (OME) <i>without</i> CIC (Non-comprehensive)	37.70
Fallon Senior Plan <sup>2</sup>	15.33
Harvard Pilgrim Health Care First Seniority <sup>2</sup>	18.64
Health New England MedRate Plan	38.67
Tufts Health Plan Medicare Complement Medicare Preferred <sup>2</sup>	33.27 14.89

### NON-MEDICARE PLANS<sup>1</sup>

Retired Municipal Teachers (RMTs)		
10%		10%
INDIVIDUAL COVERAGE		FAMILY COVERAGE
HEALTH PLAN COSTS	RMT PAYS	RMT PAYS
Commonwealth Indemnity Plan Basic <i>with</i> CIC (Comprehensive)	\$111.20	\$269.38
Commonwealth Indemnity Plan Basic <i>without</i> CIC (Non-comprehensive)	70.52	169.48
 Fallon Community Health Plan Direct Care	34.48	82.70
 Fallon Community Health Plan Select Care	40.69	96.54
 Health New England	36.21	89.73
 NHP Care	36.43	96.48
 NHP Community Care	33.22	87.97

<sup>1</sup> RMTs from Peabody – call the GIC for monthly rates.

<sup>2</sup> Benefits, rates and enrollment area are subject to change January 1, 2007.